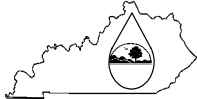


Form NDC	NO DISCHARGE CERTIFICATION Kentucky Pollutant Discharge Elimination System	 Division of Water
NAME OF FACILITY:		AGENCY USE ONLY
PERMIT NO.:		COUNTY:
<p>This form is for the inactivation of a Kentucky Pollutant Discharge Elimination System (KPDES) permit or for specific outfalls of a KPDES permit. In the instructions is a list of often-overlooked wastewater sources that require a KPDES permit. Please review this list to determine if a KPDES permit is required.</p> <p>This is an application to: (check one)</p> <p><input type="checkbox"/> Inactivate specific outfalls of a KPDES permit.</p> <p><input type="checkbox"/> Inactivate the KPDES permit.</p>		
I. FACILITY AND CONTACT INFORMATION		
Name of facility, business, company, etc. requesting certification:		
Owner/Contact Name and Title:		
Owner/Contact Mailing Address:		
Owner/Contact City, State, Zip:		
Owner/Contact Telephone Number:		
Owner/Contact Email Address:		
Facility Location (Street, road, highway, etc.):		
Facility City, State, Zip Code:		
Facility Site Latitude (Decimal Degrees):		Facility Site Longitude (Decimal Degrees):
II. OUTFALLS If a KPDES permit is no longer required because the facility no longer discharges to waters of the Commonwealth or the facility is approved for an alternate means of wastewater disposal, complete the information requested below.		
<input type="checkbox"/> If specific outfall(s) will be inactivated, provide the following information for each.		
Outfall Number/Name (to be inactivated)	Date Outfall Ceased Discharging	Explanation for No Discharge
<input type="checkbox"/> If KPDES permit will be inactivated, provide the following information.		
Reason to Deactivate Permit	Date Facility Ceased Discharging	Current Wastewater Treatment and Disposal Information
<input type="checkbox"/> Discharges to another wastewater collection system.		Name of system:

<input type="checkbox"/> Land application is used.		Name of land owner:
<input type="checkbox"/> Facility is approved for an alternate means of wastewater disposal.		Type of alternate treatment:
<input type="checkbox"/> Facility or operation closed.		Date of closure:
<input type="checkbox"/> Other (specify):		Describe:

III. ADDITIONAL INFORMATION

Is this a surface mining operation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> If yes, attach final bond release.
Is this a septic tank or hold tank system?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> If yes, attach approval letter from local health department.
Is this a Combined Sewer Overflow outfall?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> If yes, attach DOW letter approving removal.

IV. ATTACHMENTS

<input type="checkbox"/> Attach final bond release with DNR permit number clearly marked, if surface mining operation.
<input type="checkbox"/> Attach approval letter from local health department if closing a septic or hold tank system.
<input type="checkbox"/> Attach letter from Division of Water approving removal of CSO, if applicable.

V. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

PRINTED NAME AND TITLE:

SIGNATURE:

DATE:

TELEPHONE NO.

EMAIL:

Return completed form and attachments to:
Division of Water
Surface Water Permits Branch
300 Sower Boulevard, 3rd Floor
Frankfort, KY 40601

Direct questions to: Surface Water Permits Branch at (502) 564-3410